

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 10px 0 0 0;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number		10/034985; Issued 7452706				
		Filing Date		12/21/2001				
		First Named Inventor		Jay M. SHORT				
		Art Unit		1652				
		Examiner Name		RAMIREZ, Delia M.				
Total Number of Pages in This Submission		4		Attorney Docket Number		564462001811/ D1370-8US		
ENCLOSURES (Check all that apply)								
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD			<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Request for Certificate of Correction (3) pages		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div> Customer No. 45975 (c/o MoFo San Diego)					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name		Verenium Corporation						
Signature		/lynnmlinkowski/						
Printed name		Lynn M. Linkowski						
Date		April 3, 2009			Reg. No.		47,320	